



**Registrar's Office**  
 Cambridge College  
 500 Rutherford Avenue  
 Boston, MA 02129  
 Phone: 617.873.0101  
 Fax: 617.242.0026  
 registrar@cambridgecollege.edu

# Non-Matriculated Student Registration Form

**For students not in a degree or certificate program**

Student ID# \_\_\_\_\_

Your Cambridge College Location

- Boston       Puerto Rico  
 Lawrence       Southern California  
 Springfield       NEIB  
 Other \_\_\_\_\_

Term  Fall  Spring  Summer Year: \_\_\_\_\_

**Student Information** PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Current Residence:  
 Address \_\_\_\_\_ Apt \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (required)  home  work \_\_\_\_\_

Social Security number \_\_\_\_\_ Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Emergency contact:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Courses**

Course # example: WRT101	Section example: CA01	Course Title	Instructor	Credits

Registration cannot proceed if there is a RESTRICTION or HOLD on your account.

**Students Not in a Degree or Certificate Program — Important**

- As a non-matriculated student, I acknowledge that I am allowed to take up to nine credits. (Certain exceptions based on program, alumni status or location may apply.)
- Although the courses I complete at Cambridge College as a non-matriculated student may be evaluated for acceptance into a Cambridge College program, I know that there is no guarantee that they will be accepted.
- As a non-matriculated student, I acknowledge that I will not have an academic advisor assigned. However, it is recommended that I seek academic advice from the dean, program chair or regional center director. Courses may not qualify for state licensure programs.

By signing, I acknowledge that I have read and understand the policies above and the implications for my academic goals.

Student signature  
 on paper printout or electronic\* \_\_\_\_\_

Date \_\_\_\_\_

\*Please see electronic signature options on the Registrar's web page.

**Demographic Information**

Gender:  Male  Female  Transgender  Other

Are you Hispanic/Latino:  Not Hispanic/Latino  Hispanic/Latino

Please check off one or more of the following that best describes yourself:

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian/Other Pacific Islander  
 White  
 Prefer to not respond

Country of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Are you a member of the U.S. Armed Forces?  Yes  No

**After completing form submit it to:**



Or email to: registrar@cambridgecollege.edu  
 Or fax to: 617.242.0026